S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39816

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10411

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1918 Division (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1918 Division St (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Savannah Jordan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 22 (Day) 1895 (Year)

8. AGE: Years 51 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name William Davis
13. Birthplace Memphis (City, town, or county) Tenn (State or foreign country) 1

MOTHER
14. Maiden name Lucinda Clay
15. Birthplace Unk (City, town, or county) Tenn (State or foreign country) 1

16. (a) Informant Louis Davis (Louis Davis)

(b) Address 306 N. 20th St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell ave

19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Cerebrae

Due to 94

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Fred Perre (M. D. or other)

Address Spring Corn Date signed 11/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.